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are required to respond to a correction of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.138(a) Docket Number (Optional) 20198-00053-US					• • •	
	In ro Application of	Sylvie Ver	iac et al			
	Application Number 09/527,028-Conf. #1839			Filed March 16, 2000		
	For REAGENT FOR DETERMINATION OF LEUCOCYTES AND MEASUREMENT OF HAEMOGLOBIN IN A SAMPLE OF BLOOD					
	Art Unit	Examiner G. Gabel				
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for fiting a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired):						
· —				\$	110.00	
X One month (37 CFR 1.17(a)(1))				\$ 110,00		
Two months (37 CFR 1.17(a)(2))						
Three months (37 CFR 1.17(a)(3))			\$			
Four months (37 CFR 1.17(a)(4))			\$			
Five months (37 CFR 1.17(a)(5))						
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$						
A check in the amount of the fee is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
The Director has already been authorized to charge fees in this application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required, or credit any						
averpayment, to Deposit Account Number 22-0185						
I have enclosed a duplicate copy of this sheet.						
am the applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
attorney or agent of record. Registration Number 44,100						
attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)						
August 6, 2004						
Oate Signature						
(202) 331-7111 John A. Evans						
Telephone Number Typed or printed name NOTE: Sugastures of all the inventors or assignees of record of the entire interest or their representative(s) and required. Submit multiple forms if more						
NOTE: Signatures of all the inventors or assignation than one signature is required, see below	HAZ O LUCKALO OL MAS BUTTLE (ILI)	enect on mon upprose	HBUVO(S) 6	re required. S	SUDTINE MURITIPIO TERMS of MOVE	
Total of 1	forms are submitted.					

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